



HAWAII STATE ETHICS COMMISSION  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last) (First) (Middle) Yoshimitsu Walter			TELEPHONE 441-5948
MAILING ADDRESS (Street) 6301 Pali Hwy.			FAX 261-7022
(City) Kaneohe	(State) HI	(Zip Code) 96744	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

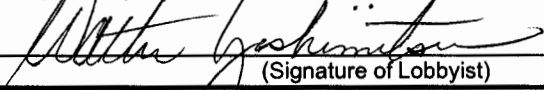
<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Roman Catholic Church in the State of Hawaii			TELEPHONE 533-1791
MAILING ADDRESS (Street) 1184 Bishop St.			FAX 521-8428
(City) Honolulu	(State) HI	(Zip Code) 96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Walter Yoshimitsu			TELEPHONE 441-5948
MAILING ADDRESS (Street) 6301 Pali Hwy.			FAX 261-7022
(City) Kaneohe	(State) HI	(Zip Code) 96744	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

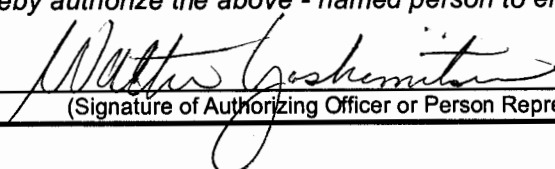
**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

  
(Signature of Lobbyist)

12/29/04  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME Walter Yoshimitsu		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Interim Director, Hawaii Catholic Conference	
NAME OF ORGANIZATION (if applicable) Roman Catholic Church in the State of Hawaii		TELEPHONE 441-5948	
MAILING ADDRESS (Street) 6301 Pali Hwy.		FAX 261-7022	
(City) Kaneohe	(State) HI	(Zip Code) 96744	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)		12/29/04 (Date)	